CERTIFICATION AND AFFIDAVIT

STATE OF DELAY	WARE :			
COUNTY OF SUS	SEX :	SS		
personally appeared	before me, igned, kno	D, that on thisthe Subscriber, a Nota	ary Public for the S	
1. I am a	a partner/of	ficer of		(name of entity).
correc		t of my authority to ca		s attached is a true and annual municipal election
SWORN TO	and SUBS	CRIBED before me th	ne day and year afo	oresaid.
		Notary Public		
		Type or Print Na	ame of Notary	
		Commission Ex	pires:	